



University of Nebraska at Omaha
DigitalCommons@UNO

Student Work

5-1-1991

A Comparative Study of Parenting Skills: Special Education vs. Regular Education

Judith Ann Fleming

University of Nebraska at Omaha

Follow this and additional works at: <https://digitalcommons.unomaha.edu/studentwork>

Recommended Citation

Fleming, Judith Ann, "A Comparative Study of Parenting Skills: Special Education vs. Regular Education" (1991). *Student Work*. 1736.
<https://digitalcommons.unomaha.edu/studentwork/1736>

This Thesis is brought to you for free and open access by DigitalCommons@UNO. It has been accepted for inclusion in Student Work by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.



A COMPARATIVE STUDY OF PARENTING SKILLS
SPECIAL EDUCATION VS. REGULAR EDUCATION

A Thesis

Presented to the
Department of Special Education and Communication Disorders
and the
Faculty of the Graduate College
University of Nebraska

In Fulfillment
of the Requirements for the Degree
Masters of Art

University of Nebraska at Omaha

by

Judith Ann Fleming

May 1991

Running Head: PARENTING SKILLS

UMI Number: EP73576

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI EP73576

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the
requirements for the degree Master of Arts: Mental
Retardation, University of Nebraska at Omaha.

Committee

<u>Merian S. Sallata</u>	<u>SED</u>
Name	Department
<u>Patricia A. Kolasa</u>	<u>TED</u>

Andrea K. Aguirre
Chairperson

April 18, 1991
Date

ABSTRACT

The parenting skills of teenage mothers were examined across three groups of mothers, low functioning teenage mothers in special education, teenage mothers in regular education, and teenage mothers from an agency specializing in intervention for maltreating parents. Relationships between Parenting Stress Index (PSI) and the Child Abuse Potential Inventory (CAP) were examined to see if special education mothers benefitted from a parenting class in their curriculum. Significant differences were found in the PSI parent domain attachment, PSI parent domain relationship with spouse, and CAP rigidity scales. No significant differences were found in the total scores for all three groups. The study was nonconclusive, but shows some merit for further research.

TABLE OF CONTENTS

Chapter		Page
1.	The Problem	6
	Purpose of the Study	10
	Hypotheses	11
2.	Review of Literature	13
	Teenage Mothers	13
	Comparison of Teenage Mothers and	
	Child Abuse/Neglect	15
	Child Abuse/Neglect	18
	The Need for Parent Education	20
	Prevalence of Disabled Parents Who	
	Abuse Their Children	23
3.	Methodology	27
	Restatement of the Major Research	
	Hypotheses	27
	Research Design	27
	Subjects	27
	Procedure	29
	Protection of Human Subjects	31
	Data Collection Instruments	31
	Child Abuse Potential Inventory (CAP)	31
	Parenting Stress Index (PSI)	32
	Demographics	34
	Test Procedures	35

	Page
Definitions	35
Data Analyses	35
4. Results	37
Hypothesis 1	39
Hypothesis 2	39
Hypothesis 3	39
Hypothesis 4	40
Hypothesis 5	40
Hypothesis 6	41
Hypotheses 7, 8, and 9	41
5. Discussion	42
Limitations	47
Directions for Future Research	48
References	50
Appendices	56
A. Demographic Similarities: Maltreating versus Adolescent Parents	56
B. Dynamic Parallels between Child Maltreater and Adolescent Parent	58
C. Questionnaire	60
Part I	60
Part II	62
D. Letter of Consent	68
Consent Form	69

	Page
E. Child Domain	70
Tables	71
1. Total Scores PSI and CAP	71
2. Parent Stress Index	72
3. Child Abuse Potential Inventory	73
4. Parent Stress Index High Scores (Abidin, 1986)	74
5. Child Abuse Potential Inventory High Scores (Milner, 1986)	75

CHAPTER 1

The Problem

More than one million teenage girls in the United States become pregnant each year. The majority of these births are to unmarried mothers, nearly half of whom have not reached their eighteenth birthday (Hayes, 1987).

In 1988, in the state of Maryland, 7,449 babies were born to mothers under 20 years of age. In the Baltimore metro area alone, there were 3,065 babies born to mothers under 20 years of age (Governor's Council on Pregnancy, 1989).

Adolescent pregnancy is a growing social problem with progressively more negative impacts upon society as its magnitude increases. The adolescent mother who becomes pregnant faces a multitude of problems. Her struggle for independence and identity become complicated because she is unsure of her relationships with friends and family. She may be forced to drop out of school. Once the baby is born, the amount of friction between the teenager and her parents often increases. "The parents frequently use the baby as a means of controlling their daughter's behavior" (Rosenberg & Reppucci, 1985, p. 577). The teenager and her baby are often financially dependent upon parents and isolated from

her peers. Infant care taking is another concern and teenagers often have very little knowledge of growth and development, and may be neglectful of the needs of their infants (Rosenberg & Reppucci, 1985). Young mothers are at risk of failing to give their babies the care and stimulation they need. "Often unaware of infant learning patterns, some teen mothers fail to notice or respond to learning-reading cues from their babies" (Cudaback & Dickinson, 1986, p. 34). Partly for this reason, children born of teen mothers are more likely to show delayed intellectual development. "Other teen mothers unrealistically expect their babies to develop far earlier than the norm, leading these mothers to use punitive discipline methods and maltreat their babies" (Cudaback & Dickinson, 1986, p. 36).

The issue of child abuse research may be the subject for adolescent pregnancy research at a later date (Bolton, 1980). The demographics shared by the adolescent parent and child abusing family are very similar. There are few social circumstances wherein essentially independent events create environmental situations which are matched so closely in so many ways (Bolton, 1980). This is a world of crises for both families.

Unrealistic expectations for the child, lack of parenting skills, lack of knowledge of child development,

and an inability to cope with the task of parenting overall bring the child into an adversarial position with the parent. This child enters this adversarial position not only through his or her inability to provide for the parent's needs, but also through a child's normal dependency upon the parents.

Other stresses rise in this relationship since there are few friends and even fewer solid family members to depend on in time of crisis (Bolton, 1980). Isolation becomes the rule, leaving these young families with no one to turn to in times of stress. The young parent feels frustrated by social, personal and environmental inequalities; a sense of frustration which may be manifested through a maltreating act directed against a child (Bolton, 1980).

To prevent abuse before it starts would require a means of identifying parents that are at risk for abusing children. Since it is hard to accurately predict who may become abusive, the timing of early intervention may prove to be of considerable importance. There is a high probability that since a large proportion of abusive parents have been found to be of subnormal intelligence, that a program of parenting for special education may be a good place to start as a possible preventative to break the cycle of child abuse (Evans, 1981).

This study compared attitudes about parenting among teenage mothers. It looked at some of the stressors that may interfere with effective parenting. Subjects were tested on their child rearing practices, parenting stress levels, parenting skills, and child abuse potential. The present research examined some demographic similarities found in maltreating parents and adolescent parents.

This study compared the attitudes toward parenting of teenage mothers in regular education and teenage mothers in special education to maltreating parents.

A great deal of interest has emerged during the past few years on "transitional" programs and services for students with disabilities who are preparing to leave school. To date, the main thrust of transition has been on the vocational aspect (Will, 1984). However, getting married, establishing households, and having children are expected parts of transition for most young adults.

Parenting skills have not traditionally been taught in public schools. Adolescents have been expected to learn how to be parents incidentally through daily living. Unfortunately, many come from environments where they may not have adequate adult models of parenting skills. Usually, parenting interventions take place as re-education after problems occur (Halpern, 1985).

Little direct instruction in parenting is currently

occurring in special education classrooms. The review of literature reveals a lack of information about parenting skills for special education. In theory, a transition oriented special education curriculum would prepare students for a future successful adult adjustment.

Purpose of the Study

This study attempted to answer several questions regarding the parenting skills of low functioning teenage mothers. The central question was whether low functioning teenage mothers have greater potential for child abuse or neglect. This study also examined the stressors that contribute to unhealthy parenting.

Consideration for the potential for a dysfunctional relationship between parent and child is more productive than focusing upon maltreating events, particularly when it pertains to the unstable and impressionable adolescent parent. Parenting is a learned behavior, therefore, improving the parent's self-concept subsequently would benefit the child's development (Dangel, 1984).

Finally, this study looked at the stress level of teenage mothers in regular education as compared to teenage mothers in special education. It looked at the stressors that interfere with healthy parenting.

This study raises an important issue to the literature in special education. First, it expands the idea of

incidence of teen pregnancy in special education. It also more comprehensively studies parenting variables which have been shown to relate to child development. A parenting stress index and a parents' attitude survey served to test skills and to help the author better understand the aspects of parenting most related to child abuse prevention.

Hypotheses

The following hypotheses were tested:

Hypothesis 1 - When comparing Child & Parent Domain scores of the Parent Stress Index (PSI) of special education teenage mothers to PSI scores of teenage mothers in regular education, there will be no significant differences.

Hypothesis 2 - When comparing the Child & Parent Domain scores of the PSI of special education teenage mothers to PSI scores of teenage mothers in Holden (1989) cohort group, there will be no significant differences.

Hypothesis 3 - When comparing Child & Parent Domain scores of the PSI of regular education teenage mothers to Holden (1989) cohort group, there will be no significant differences.

Hypothesis 4 - When comparing Child Abuse Potential Inventory (CAP) scores of teenage mothers in special education to CAP scores of teenage mothers in regular education, there will be no significant differences.

Hypothesis 5 - When comparing CAP scores of teenage

mothers in special education to CAP scores of teenage mothers in Holden (1989) cohort group, there will be no significant differences.

Hypothesis 6 - When comparing CAP scores of teenage mothers in regular education to CAP scores of teenage mothers in Holden (1989) cohort group, there will be no significant differences.

Hypothesis 7 - When comparing the PSI total scores to the CAP scores, there will be no significant differences for teenage mothers in special education.

Hypothesis 8 - When comparing the PSI total scores to the CAP scores, there will be no significant differences for teenage mothers in regular education.

Hypothesis 9 - When comparing the PSI total scores to the CAP scores, there will be no significant differences for teenage mothers in Holden (1989) cohort group.

CHAPTER 2

Review of Literature

Teenage Mothers

A panel on Adolescent Pregnancy and Childbearing in 1987 sought to clarify issues in adolescent pregnancy. One of the recommendations offered was that parenting education for teenage parents received special attention and emphasis (Hayes, 1987). Schools were urged to place high priority on the development and implementation of parenting programs.

A substantial body of research now exists that indicates that becoming a parent as a teenager leads to lower social and economic attainment and that it entails considerable health and developmental risks (Cudaback, 1986). Teenage mothers tend to be poor and less educated, and their children are likely to grow up in disadvantaged neighborhoods, to attend low-quality schools, and experience high rates of family instability (Hayes, 1987). "Several studies show that the children of young mothers are at greater risk of social impairment (e.g., poor control of anger, feelings of inferiority, fearfulness, etc.)" (Hayes, 1987, p. 35). Educators and social workers expect a higher incidence of learning disabilities, delinquency, and abuse among the children of teenage mothers (Hayes, 1987).

McAnarney studied adolescent mothers and concluded that mothers at the highest risk of parental dysfunction were

15 - 16-year old, non-black, lower-socioeconomic status adolescents (Sasserath, 1983). She says adolescents who bear children are at risk psychologically and socially. In her study she found that the younger the mother, the less she utilized verbal communication, and closeness in her interaction with her infant.

Minet (1985) designed a pilot program for high risk parents. The program had two components. One was to provide a center in which teenage mothers could meet each other, share child-rearing problems, observe their children being cared for by trained personnel, interact with their children, and have opportunities to discuss what they had seen. The second was to offer the opportunity to develop skills which are necessary for successful infant and early childhood daycare provision. Fifteen mothers and eighteen children were enrolled in the program of nine weeks in duration. Parents of infants and toddlers met twice a week for two hours. The age range of the mothers was from 15 years of age through 20 years of age. Minet (1985) found that adolescence is a time in which one's identity is being challenged and evaluated. There is a conflict between interaction of childhood and adulthood with little opportunity for resolution of the conflict of identity in adolescence. Adolescents are poorly prepared for the emotional demands of motherhood. They feel helpless and

unable to make decisions because they have little experience in negotiating successfully with parents, boyfriends, husbands, and siblings. The child with a child has difficulty in integrating her dual role of child and parent. Minet (1985) also found that the teenage mother perceives little support from the community or larger society. She found that her subjects had little or no positive parental models.

The Group for the Advancement of Psychiatry (GAP) pointed out a need to: develop more case studies of the growth processes in adolescence and pregnancy; take an active role in our community to promote the teaching of family-life education courses in agencies, lay groups, and the schools and encourage cooperation among agencies, lay groups, and the schools to develop coordinated education, health, and social services for adolescent pregnant girls (LaBarre, 1969).

Comparison of Teenage Mothers and Child Abuse/Neglect

Bolton (1980) used the following characteristics to describe the adolescent parent: "(1) high potential for crisis within multiple life areas, (2) relationship stresses pervading interactions with significant others, (3) the possibility of alteration or limitation in life expectations, (4) a propensity toward physical, psychological, and social dysfunction for mother, father,

and child, (5) an inadequacy in independent living areas, (6) educational and occupational deficiency, (7) financial insecurity or dependency, (8) negative life experiences from childhood, and (9) isolation" (p. 126). These are also characteristics of the maltreating environment. The environment of the adolescent parent and that of the parent at high risk for child abuse are virtually interchangeable (Bolton, 1980).

Very often conditions of risk exist even before the child's birth. Children are frequently unwanted by their teenage mothers, and if they are wanted, they are likely not to be wanted as children, but rather as a means of fulfilling their mother's immature needs (Leyendecker, 1969). The conception often precipitates a series of critical events varying in nature and intensity depending on the age, economic status, ethnic background, and strength of family ties of the mother.

Bolton (1980) found similarities in demographics for child abusers and teenage mothers. These variables can be used to describe child abuse, but the importance of the variables is found within their interactions with one another and the dynamic variables as shown in Appendix A. The demographic elements relating to socioeconomic status and ethnicity are particularly susceptible to the misinterpretation problem. Lower socioeconomic status or

minority group origin does not suggest a course of either problem. There are, however, factors and stresses associated with life within lower socioeconomic status environments which appear to create a greater likelihood of participation in the problems of abuse or adolescent parenting (i.e., poverty, frustration, hopelessness). Potential for crisis in a family can increase the potential for child abuse. The potential for crisis is increased with the adolescent pregnancy, therefore, increasing the potential for child abuse.

Bolton (1980) also found in his research that the adolescent parent and the maltreating parent were both subjected to some patterns of dysfunctional rearing during their own childhoods. These demographics are listed in Appendix B. This dysfunctional rearing pattern seems to have a common atmosphere of rejection and hostility and frequent exposure to physical punishment (Bolton, 1980). Both the adolescent and maltreating parent maintain the unrealistic expectation that the family will develop as a result of the child rather than the reverse. The low level of knowledge about child development creates a pervasive set of unrealistic expectations toward the child (Bolton, 1980).

Polansky (1974) suggests that where "the lack of standards and values in child care and treatment occurs within an environment which is burdened by the stresses of

poverty and economic need, and the breakdown of the nuclear family, some form of child maltreatment may develop" (p. 210). Polansky's model describes a young woman with very limited knowledge of child rearing facing a world of poverty and need who is essentially alone. These interactive variables propose a risk for child maltreatment.

Child Abuse/Neglect

Several attributes are frequently applied to abusive parents. They are described as defensive, suspicious, angry and hostile, dependent, immature, impulsive, self-centered, rejecting, rigid, anxious, passive, insecure, lonely, hypersensitive, and hysterical. They display a low tolerance for frustration, feeling of inadequacy, a lack of guilt about child treatment, and a lack of empathy (Evans, 1981).

Wolfe (1987) did a longitudinal study of a prevention-oriented early intervention program intended to help parents who had insufficient and inappropriate childrearing abilities. The program was designed for young parents with fewer than five years of childrearing experience who were referred from a child protection agency. Parents were single females in their late teens and early twenties. After initial assessment of parent and child, parents received individual training involving the use of positive reinforcement.

Wolfe (1987) found that abusive parents often begin their families at a younger age than do other families, with many being in their teens at the birth of their first child. His study revealed that abusers use fewer modes of stimulation and are extremely insensitive to their infant's cues and signals. On the basis of his observations, Wolfe felt that abusive parents fail to use effective parenting techniques that could reduce problematic child behaviors and increase desirable behaviors.

DeLossovoy studied 48 working class teenage couples from rural Pennsylvania for child-rearing attitudes and practices. He found that parents expected babies to do things unrealistically early, i.e., sit at nine weeks, undergo toilet training at six months, recognize wrong-doing at one year. They commonly used physical punishment to prevent damage to household objects (U.S. Dept. of Health & Human Services, 1981).

Kempe (1986) studied issues related to child abuse. Four groups of women of about 10 women each were studied. Two groups were court ordered, one group to a women's counseling group and the second group was referred to a parenting class. A third group volunteered for individual counseling, and a fourth group received no counseling and served as a control group.

The parenting classes were held on a regular basis for

court ordered parents. Ten two-hour sessions were provided with parents required to attend a minimum of eight sessions.

Kempe (1986) found that abusive parents who received training in child management skills interacted in a more constructive manner with their children. She found that the support system in the group model of the group in parenting class provides parents with distraction from themselves and their problems.

Women who were 15 to 17 years old at the time of their first pregnancy were more likely to have disclosed that they had been reported to the authorities for child abuse, child neglect, or child endangerment. These women had more than three children, had more children with birth defects, and were more likely to have been reported for child abuse. These findings support the literature concerning the negative long-term effects of teenage pregnancy and have implications in suggesting that a prevention approach in reducing teenage pregnancy might also reduce child abuse (Kempe, 1986).

The Need for Parent Education

Understanding the stressors that affect parents of young children is an important part of any effort aimed at early identification and intervention. The task of raising children is a difficult and complicated undertaking. Parents normally experience a certain degree of stress to

which they are able to adapt without abusive consequences. However, the existence of stress in extreme amounts may result in adverse consequences. These consequences affect the parent as an individual and the developing parent/child relationship. This relationship, which serves as the foundation for the child's emotional social development, exerts a profound influence on the course of later development.

Understanding the stress early in the relationships requires that this existing information be integrated within a framework that can account for the operation of the many factors relevant to stress within the family system.

Parent education programs to teach parents such things as financial management, social skills, methods of discipline, job training, and information about child development can reduce some of the stresses of parenthood and thereby can reduce the risk of child abuse. Education as a preventive measure for the adolescent parent or maltreating parent must be provided at a level that is consistent with the level of knowledge available to a given parent (Helfer, 1975).

Parent education has been shown to improve young parents' knowledge of children's patterns of growth and development (Abidin, 1986). Such programs should be available to both male and female teenage parents.

Teenagers who have not grown up in supportive, enriching families may have little positive basis for modeling their own parenting behavior.

Schools should place high priority on development and implementation of these programs, especially for those from severely disadvantaged backgrounds (Abidin, 1980).

The goals of primary prevention should be either enhancing psychological health and strengthening coping skills or reducing the rate of occurrence of emotional disorders. One promising approach to prevention of child abuse is to focus on enhancing competencies, personal resources, and coping skills in parents that prevent the onset of dysfunctional interactions. Programs with this philosophy usually incorporate parenting skills, child development information, and coping skills to reduce stress in the parenting role (Rosenberg & Repucci, 1985).

Newberger studied the relationship between level of parental reasoning and degree of parental dysfunction as reflected in child abuse (Klein & Cordell, 1987). She found that parents who reason at a very low level of parental awareness are more likely to be inadequate in their parental roles. Klein and Cordell (1987) says findings point to a need for interventions on parental reasoning in the form of education.

Prevalence of Disabled Parents Who Abuse Their Children

A relatively high proportion of abusive parents have been found to be of subnormal intelligence (Evans, 1981). Evans (1981) reported that a study done by Komisaruk in 1966 showed that in 47 cases of child abuse, the mother was mentally deficient (with an I.Q. of less than 75) in 13 of these cases.

Seagull and Scheurer (1986) studied 64 intellectually low functioning parents who had abused or neglected their children. They found that because of their cognitive limitations, most of these parents were unable to care for their children. In a review of literature of studies published between 1947 and 1978 which dealt with the relationship between mental retardation of parents and child maltreatment, only 14 studies were found. Of these, 13 studies reported either that persons with mental retardation performed inadequately as parents or were over-represented among families in which children's protective services agencies had intervened due to child maltreatment. Neglect was the most common type of maltreatment found in low functioning families (Schilling et al., 1982).

In 1984, Bratlinger (1985) interviewed 13 educable mentally retarded (EMR) students to evaluate their attitudes and knowledge about sexuality and parenting. Subjects were uninformed and misinformed about many aspects of sexuality

and child care. He interviewed various professionals regarding their experiences with mentally retarded parents. He also interviewed various professional regarding their experiences with mentally retarded parents. These interviews revealed the concern that mentally retarded parents are not capable of understanding information provided them, thus the high incidence of child abuse and neglect.

In a recent study by Bratlinger (1988), twenty-two teachers of secondary mentally retarded students were interviewed about their perception of their students' parenting aspirations and abilities. The results indicated that teachers believe that the majority of their students expect to marry and have children. However, these same teachers perceived their students had varying abilities to assume parenting roles. The teachers judged some to have characteristics that would allow them to become good parents, while others were perceived as capable of being trained for parenting adequately with support. From this study Bratlinger recommended that education provide a comprehensive, realistic and practical course in parenting for mentally retarded students in secondary programs.

In 1987, a study of 40 low-income teenagers revealed that 38% were receiving special education and 8% were classified as mentally retarded. The study revealed that

36% of low-income parents had school age offspring receiving special education services (Bratlinger, 1987).

Fine (1987) believes that poor thinking skills, social skill deficits, and a weak information base may affect the capability of adolescents with learning disabilities to make appropriate decisions, which in turn makes them more vulnerable to resulting negative consequences. In a survey of 195 New Jersey teachers, half of whom were secondary school social studies teachers and half of whom were teachers of handicapped students, while neither teacher group presented social issues systematically like child abuse and teenage pregnancy, the special education teachers reported presenting them even less frequently. If issues were addressed, they were as a result of students' questions (Fine, 1987). Special education students, who often have difficulty asking appropriate questions, may be deprived of the opportunity to gain information by these methods.

Special education history indicates that the parents have turned to public education to address certain social problems. Congress attempted to extend "equality of opportunity" to disabled children with the passage of the "Education of All Handicapped Act" (P.L. 94-142). In amendments in P.L. 98-199, Section 626, transition planning was authorized for disabled youngsters. This legislation is directed at secondary special education to plan techniques

for a successful transition. Transitions are an important part of normal life. The transition from school to working life calls for a range of choices about career options, living arrangements, social life, and economic goals (Razeghi et al., 1987). This review establishes a case for transition to include parenting education.

CHAPTER 3

Methodology

Restatement of the Major Hypothesis

After the subjects in the study had completed the Parenting Stress Index (PSI) and the Child Abuse Potential (CAP) scales, a comparison was made on the attitudes of teenage mothers in regular and special education to a cohort study of maltreating teenage mothers. There will be no significant differences of the CAP total score for parents in special education, regular education and maltreating mothers. Special education teenage mothers will have similar scores on the total CAP and PSI total scores as both regular education teenage mothers and the maltreating teenage mothers.

Research Design

There were three groups:

Group A - teenage mothers in special education.

Group B - teenage mothers in regular education.

Group C - maltreating teenagers from a cohort study by Holden (1989) of maltreating parents in Oklahoma City.

Subjects

Subjects of this study consisted of adolescent females, aged 14 years to 18 years. Fifteen adolescent mothers from special education and fifteen adolescent mothers from

regular education comprised the sample. All subjects from these two groups were recruited from Lawrence C. Pacquin School for pregnant girls in Baltimore, Maryland.

The mean age for subjects in special education was 15, and the mean age in regular education was 16. All of the subjects had only one child with the exception of one girl in regular education who has two children.

All of the subjects in special education were single with 94% living with parents (the other 6% answered "other" but did not specify to whom they referred). Ninety-four percent of the regular education girls were single with 74% living with parents. None of the special education girls reported living with partners.

All of the subjects were Afro-American with 46% of special education girls reporting family income of under \$5,000 and 55% of the regular education girls reporting family income under \$5,000.

Subjects were chosen on a volunteer basis. A random sample of subjects throughout the Baltimore Public School District and the Baltimore County School District could not be obtained because of the difficulty in getting the school administration to cooperate. School officials felt the subject matter was too controversial. Baltimore County Schools were completely unavailable to the researcher. The researcher also tried all the school districts and agencies

in the Baltimore metro area. School officials refused to admit they had any girls in special education who were pregnant. It seems the county schools transfer pregnant girls to other schools where they can accommodate them during their pregnancy. As a result data reported for their schools do not show an accurate picture of teen mothers.

Maltreating subjects were matched from a study done by Holden (1989) of 87 parents from a community agency treatment center in Oklahoma City. Maltreatment status was determined by the treatment center staff and was based on reports from social services investigations, the judicial system, and other intake data.

Procedure

Informed consent for volunteering for this study was obtained from all subjects and their parents in the Pacquin School (see Appendix C). The consent stated that each subject's name would not appear on any questionnaires and that all information would be confidential and used only for research. Subsequent to signing the appropriate consent form(s), demographic information was collected from the subjects (see Appendix D). The self-report measures were administered to both groups verbally while they recorded their answers on the questionnaires.

Adolescents were administered the CAP and PSI during their regular class period by their teachers. Questions

were read to each subject as a group, so as to eliminate any bias for those girls that could not read adequately. Answer sheets were distributed and the girls recorded their own answers with no names on the sheets to insure confidentiality. Subjects also completed the demographic forms at this time. Subjects and their parents were informed that the data on each person was for research purposes only and would remain strictly confidential.

The original plan for this study was to administer each instrument individually to each subject. The school gave the researcher final approval two days before the end of the school year, so the instruments had to be administered as a group by the teachers.

Two groups, teenage mothers in regular education and teenage mothers in special education, were given the option to take a parenting class after the study was completed. The parenting program will be given by the researcher.

Data was collected from Holden's study on the fifteen subjects that matched the subjects from Pacquin School. The sample was matched on age and social economic status. Subjects in Holden's study were also administered the PSI and CAP.

Following completion of the data collection devices, the data comparing the three groups was analyzed.

Protection of Human Subjects

The subjects and this project were approved by the Institutional Review Board for the Protection of Human Research Subjects, under the guidelines of a committee of professors at the University of Nebraska.

All information will be strictly confidential and used for research only. No names appeared on any questionnaires filled out by subjects.

Data Collection Instruments

The subjects were asked to complete the following instruments:

Child Abuse Potential Inventory (CAP)

The CAP Inventory has 160 items answered in a simple agree/disagree format. The Inventory is self-administered and has a third-grade readability level. It contains a total of ten scales. The primary clinical scale is the 77 item physical child abuse scale. This abuse scale can be divided into six factor scales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others. In addition, the CAP contains three validity scales: the lie scale, the random response scale, and the inconsistency scale. The validity scales are used in various combinations to produce three response distortion indexes: the faking-good index, faking-bad index, and random response index.

Overall, the 77 item CAP abuse scale has the highest internal consistency reliabilities (i.e., .92-.96 for controls and .95-.98 for abusers). Temporal stability estimates for the abuse scale are also quite adequate (i.e., .91 and .75 for one-day and three-month intervals, respectively). Relative to the abuse scale, factor scales and validity scales have less internal consistency and temporal stability. High levels of reliability for the abuse scale are necessary because this scale is employed for screening purposes. "The lower reliabilities for the remaining CAP scales are acceptable for the recommended use of these scales, which is to provide descriptive data and a basis for formulating clinical hypotheses" (Milner, 1986, p. 20).

Parenting Stress Index (PSI)

The PSI is a screening and diagnostic assessment technique designed to yield a measure of the relative magnitude of stress in the parent-child system.

The development of the PSI was guided by a number of assumptions. The first was that the instrument would be built on the existing knowledge base. Second was that the present effort would be to collate and interface the existing knowledge base with the clinical issues of identification and diagnostic analysis of individual mother-child systems under stress. The third major assumption was

that the stressors, or sources of stress, are additive. The fourth assumption was that stressors were multidimensional both as to source and as to kind. These assumptions led to the identification of three major source domains of stressors: 1) child characteristics; 2) mother characteristics; and 3) situational/demographic-life stress (Abidin, 1986).

Alpha reliability coefficients were determined for each subscale, each domain, and the total score. The reliability coefficients were computed based on the response of a sample of 534 parents. These coefficients range in magnitude from .62 to .70 for the subscales of the Child Domain and from .55 to .80 for the subscales of the Parent Domain. The reliability coefficients for the two domains are .89 and .93, respectively. The reliability coefficient for the Total Stress Score on the PSI is .95. These coefficients are sufficiently large to indicate a high degree of internal consistency for these measures. The stability of the PSI scales is supported by the test-retest reliabilities obtained from four different studies (Abidin, 1986).

The validity of the PSI was investigated by three factor analysis. A sample of 534 mothers served as the subjects. The response of the subjects to the 47 items of the Child Domain formed the data for the first analysis. The response of the subjects to the 54 items of the Parent

Domain formed the data for the second analysis. The scores for each subject on the 13 subscales formed the data for the third analysis. The pattern of factor loadings reported support the notion that each subscale is measuring a moderately distinct source of stress (Abidin, 1986).

The PSI was designed to be an instrument whose primary value would be to identify parent-child systems which were under stress and at risk for the development of dysfunctional parenting. High scores in the Child Characteristics Domain (high score = 122) are associated with children who display qualities which make it difficult for parents to fulfill their parenting roles. High scores in the Parent Characteristics Domain (high score = 153) suggest that the sources of stress and potential dysfunction of the parent-child system may be related to dimensions of the parent's functioning. Young mothers tend to earn higher Parent Domain Scores (Abidin, 1986).

Demographics

A lengthy demographic questionnaire was administered to the mother (Appendix C). The questionnaire was in two parts. Part I, income, family size, parental education, parental employment, previous parenting education, and age when giving birth to first child. Part II of the questionnaire deals with mother/child relationships.

Test Procedures

Subjects from Group A (teenage mothers in special education) and Group B (teenage mothers in regular education) were tested separately as a group. The test administrator read all questions so as to avoid any bias in subjects who could not read. Subjects filled in answers on an answer sheet, keeping all answers confidential. The tests were given during their regular class period, by their teacher. Results from these groups were compared to Group C (a cohort study by Wayne Holden (1989)).

Definitions

Teenage Mothers - the age limit for teenage mothers in this study was 11 to 19 years of age.

Maltreating Parents - parents who were referred to the treatment center because of some form of child abuse, physical or neglect; as defined by Holden (1989, p. 64). These subjects were defined as maltreating by the treatment center staff and based on reports from social services investigations, the judicial system, and other intake data.

Partners - significant others.

PSI - Parenting Stress Index.

CAP - Child Abuse Potential.

Data Analysis

Analysis of variance was used to analyze the data. Several variables were held constant: age of mother

participating in the study, socioeconomic level of mother, education level of mother, and race of mother. Subjects for Group A, B., and C were matched on the variables noted above.

This study had a simple design with variables as described above.

CHAPTER 4

Results

An analysis of variance was conducted to determine if there were significant differences between Group A and Group B in the total score of the PSI. No significant difference was found, $F(2,39) = 2.103$, $p \leq .136$. There was also no significant difference found when comparing Group A to Group B in the total score of the CAP, $F(2,39) = .768$, $p \leq .471$. Subsequently a Scheffè post hoc test, following significant group classification effects, was computed to analyze significant differences across the individual CAP and PSI scores.

Insert Table 1

With respect to the multivariate main effect for group classification, significance was obtained for the PSI parent domain attachment, $F(2,39) = .375$, $p \leq .038$; and parent domain relationship with spouse, $F(2,39) = 3.55$, $p \leq .039$. The mean parent domain attachment score was significantly lower for Group A ($M = 12.73$; $SD = 4.59$) than both Group B and Group C, while Group B ($M = 18.8$) and Group C ($M = 18.3$) were not significantly different. The mean parent domain relationship with spouse score was significantly lower for Group A ($M = 13.54$; $SD = 4.951$) than both Groups B and C,

while Group B ($M = 21.7$) and Group C ($M = 19.4$) were not significantly different.

While there was no significant difference between groups on the parent domain social isolation, $F(2,39) = 2.817$, $p \leq .073$; and the child domain distractibility score, $F(2,39) = 3.036$, $p \leq .060$; a trend was indicated.

Insert Table 2

With respect to the multivariate main effect for group classification, the CAP rigidity scale was statistically significant, $F(2,39) = 8.567$, $p \leq .001$. The mean rigidity score was significantly higher for Group A ($M = 53.33$; $SD = 22$) than both Group B and Group C, while Group B ($M = 31.2$) and Group C ($M = 23.86$) were no different.

While there was no significant difference between groups on the problems with child and self score, $F(2,39) = 2.799$, $p \leq .074$, a trend was indicated.

Insert Table 3

Significant differences between Group A ($M = 13.54$) and Group B ($M = 21.7$) were also found in the area of parent domain relationship with spouse ($p \leq .039$). The mean score was significantly lower for special education mothers ($M =$

13.54; $SD = 4.951$). This may have been due to the fact that none of the special education mothers were married or living with partners, and therefore did not perceive any difficulties.

Hypothesis 1

Since total score for the PSI was not usable due to missing information, the author looked at the sub-test scores of the PSI for differences. Significant differences were found between Group A ($M = 12.73$) and Group B ($M = 18.8$) in the sub-test score of parent domain attachment ($p \leq .038$). The mean parent domain attachment score was significantly lower for special education mothers ($M = 12.73$; $SD = 4.59$).

Hypothesis 2

Significant differences were also found between Group A ($M = 12.73$) and Group C ($M = 18.3$) in the sub-test score of parent domain attachment ($p \leq .038$). The mean parent domain attachment score was significantly lower for special education mothers ($M = 12.73$; $SD = 4.59$).

Significant differences were also found between Group A ($M = 13.54$) and Group C ($M = 19.4$) in the sub-test of parent domain relationship with spouse ($p \leq .039$). The mean score was significantly lower for special education mothers ($M = 13.54$; $SD = 4.951$).

Hypothesis 3

There was no significant difference found between Group B ($M = 18.8$) and Group C ($M = 18.3$) in the sub-test score of parent domain attachment. There was also no significant difference found between Group B ($M = 21.7$) and Group C ($M = 19.4$) in the sub-test score of parent domain relationship with spouse.

Hypothesis 4

When comparing CAP total scores of teenage mothers in special education to CAP total scores of teenager mothers in regular education, there was no significant difference when looking at the sub-test scores of the CAP; there was a significant difference ($p \leq .001$) in the sub-test score of rigidity for Group A ($M = 53.33$) and Group B ($M = 31.2$). The mean score was significantly higher for the special education mothers ($M = 53.33$; $SD = 22$). A high score in rigidity indicates an individual's attitudes toward the appearance and behavior of children.

Hypothesis 5

When comparing the CAP total score of teenage mothers in special education to the CAP total score for teenage mothers in the cohort group, there was a significant difference in scores for Group A ($M = 53.3$) and Group C ($M = 23.86$) in the sub-test score of rigidity ($p \leq .001$). The mean score was significantly higher for the special education mothers ($M = 53.33$; $SD = 22$).

Hypothesis 6

When comparing the CAP total score of teenage mothers in regular education to CAP total score of teenage mothers in cohort group, there was no significant difference in the scores for Group B ($M = 31.2$) and Group C ($M = 23.86$) in the CAP rigidity scale.

Hypotheses 7, 8, and 9

When comparing the PSI total scores for all three groups to the CAP total scores for all three groups, there were no significant differences. Total scores for the PSI could not be compared. Five out of 15 subjects in Group A did not answer all of the questions, which caused the test to be invalid.

Since the total scores for Group A could not be used, the researcher compared the sub-test scores as mentioned in the above hypothesis.

All groups had elevated abuse scales as measured by the CAP. A high score for the CAP total abuse is 215. The mean score for special education mothers, Group A, was 246.73 and for regular education mothers, Group B, was 219.6. The mean score for the maltreating mothers, Group C, was 256.6. No significant differences were shown, but both experimental groups' are above the high score of 215, showing a possible risk for both groups of mothers.

CHAPTER 5

Discussion

This study was designed to examine the stressors relating to parenting skills of teenage mothers. Of primary interest were the stressors that are considered to be most important in the explanation of child abuse and neglect. Comparisons were made between teenage mothers in special education, teenage mothers in regular education, and maltreating teenage mothers, to see if a parenting program in the special education curriculum would be beneficial. The analyses of the entire sample suggested that there was considerable stress in all three groups, as shown in Table 4.

Insert Table 4

The PSI was designed to be an instrument whose primary value would be to identify parent-child systems which were under stress and at risk for the development of dysfunctional parenting behaviors (Abidin, 1986). According to Abidin (1986) parents who earn raw scores at or above 267 should be offered referral for professional consultation. The normal range for test scores is from 180 to 250.

Although many questions were left unanswered by the special education group, scores were high enough to warrant

some concern. Group C, the maltreating parents, scored lower than Group B, the regular education parents, indicating a need for concern for parent education in the school curriculum. Group A, special education mothers, did not answer all questions, so the researcher broke down the data by subject, as shown in Appendix E.

Even with missing information on mood reinforcement, the special education mothers scored high according to standards set by Abidin. The parent who earns high scores on this subscale does not experience her child as a source of positive reinforcement. The interactions between parent and child fail to produce good feeling by the parent about herself (Abidin, 1986).

Five out of 15 special education mothers did not answer any of the questions on child domain demandingness, and several left many questions blank in the child domain area. Of those who did answer any of these questions, 3 had scores above 24, which is the high score for this scale. All of the subjects who did not answer questions had newborn babies. The researcher found that the same questions were unanswered for all 5 of these mothers. These were all in the child domain sub-test. The demographics indicated that all 5 of these mothers had just given birth to their babies. There is a possibility that they could not answer these questions because they were too inexperienced as mothers.

The questions were asked in such a way to indicate what one experienced, not what they would do. The questions dealt with babies' health, things that bother the parents about their child, babies' demands, etc., all questions that are hard to answer for a newborn, especially if the baby's grandmother is the primary caretaker, as is often the case in special education mothers. As is shown in Appendix E, many of the special education mothers who did answer questions in the child domain tests of the PSI, had scores above the high score.

Of those who did answer questions, there were many above the high score for each sub-test. This would indicate a need for parenting education in the schools. Since subjects in all groups had high scores, it seems more research needs to be done to see if a parenting program would be an effective prevention for potential child abuse.

A trend was indicated in the area of social isolation. Special education mothers scored lower than other mothers in social isolation. Ninety-four percent of the special education mothers in this study were living at home with their parents, according to the demographics, which could account for their not showing as much stress in this area.

Special education mothers scored lower in attachment. Low scores in this area indicate that a parent feels a sense of emotional closeness to the child or that the parent is

not able to accurately read and understand the child's feelings and/or needs (Abidin, 1986). Perhaps due to the fact that they may not fully understand the responsibility that goes with parenting. Again, the help of grandparents could be influential in these lower scores. Dr. R. Stith (personal communication, April 1990), principal of Pacquin School, stated that all of the special education mothers had mothers who were helping to raise their babies.

As shown in Table 1, the total CAP scores for all three groups were high. The CAP abuse scales are not global in nature, but are related to specific stressors in the parent-child relationship (Milner, 1986). Analyses of the total abuse scale show considerable stress in all three groups tested.

Insert Table 5

Rigidity appears to represent an individual's attitudes about appearance and behavior of children (Milner, 1986). Special education mothers scored significantly higher on this scale than the other two groups. This would indicate that special education mothers are more rigid in their belief that children should be neat, orderly, obedient, never cause trouble, never disobey, never talk back, etc. Rigidity implies the feeling that children need strict

rules. This could be due to their unrealistic view of parenting. This attitude in special education mothers could be due to the mother's distorted view of her child (Milner, 1986). Special education students often have a problem with identity, due to their being self-conscious about being in a special class and fear of their peers viewing them as being "different."

Those with an elevated total abuse score on the CAP tend to have poorly developed cognitive, mastery, and coping skills (Milner, 1986). All three groups scored high on the total abuse scale, which would indicate a need for some intervention to prevent abuse of their babies.

Most Afro-American teenage mothers keep their babies and stay in the community with their families. Afro-American teenagers also have a birth rate that is higher than white teenagers (Maryland Center for Health Statistics, 1986). It appears that teenage pregnancy is more common and more accepted among Afro-Americans. Therefore, it is understandable that these teenagers would suppress the distress that was originally hypothesized.

Early childbearing is common in Afro-American culture. The pattern for progressing through major life events is different in the low-income Afro-American subculture. Motherhood is highly valued, while marriage is not an important prerequisite (Governor's Council on Adolescent

Pregnancy, 1989). The teenager who is in the process of achieving the valued role of mother may then be adjusted well to pregnancy. The accepted attitude of the community can also assist in this adjustment (Governor's Council on Adolescent Pregnancy, 1989).

The results of this study confirm Holden's (1986) findings that neglecting parents may either actually experience lower levels of distress and problems or underreport these levels when responding to questionnaire items evaluating abuse potential and parenting stress.

Limitations

The primary limitation of this study was related to the small sample size. While the sample size in this study was not large enough to see any real significance, the scores on sub-tests for both groups were high enough to warrant some concern.

A second limitation was the difficulty of finding subjects for this research study. It took one year to get final approval from the school even after they agreed to allow the study.

A third limitation was having all the subjects from one school, which specialized in serving pregnant girls. This created several biases since all subjects were inner-city blacks, who had received training in parenting before giving birth to their children.

Mothers enter the Pacquin School when they become pregnant and are released from the program shortly after they give birth, so that the girls answering these questions did not yet have any long term sense of the responsibilities of parenting at this stage (Stith, personal communication, April 1990). They are still receiving a lot of support from both the school and their families.

A final limitation was the problem related to the exclusive use of self-report measures, especially in an adolescent sample. Based on these problems, the results of this study need to be interpreted cautiously. The conclusions should be viewed as tentative, and need to be confirmed by future research.

Directions for Future Research

To improve upon research similar to the current study, the researcher could offer specific suggestions. If monies were allocated, it would compensate subjects for their time. This may help motivate subjects to complete their participation. Selected instruments which are not self-report, such as observational measures of family functioning, or ratings made by a parent or other member of the adolescent's household, would be useful to augment self-report data.

Longitudinal studies of adolescent females raising their children would provide a more detailed picture.

Ideally, research which follows a large normative sample throughout their first year would provide us with a better understanding of teenage mothers. Unfortunately, the costs of such a study are extensive and logistics are formidable. In the absence of resources that might allow for this type of study, longitudinal studies that follow a teenage mother through the first year, with a six month follow-up would be valuable.

In summary, this study found very little difference between teenage mothers in special education, teenage mothers in regular education, and maltreating teenage mothers; but did find that scores were high enough to show the potential for child abuse or neglect. The scores were high enough in both groups to merit further study. Additional research may clarify the need for a parenting class in special education.

REFERENCES

- Abidin, R.R. (1980). Parent education and intervention handbook. Springfield, IL: Charles C. Thomas Publisher.
- Abidin, R.R. (1986). Parenting Stress Index. VA: Pediatric Psychology Press.
- Baltimore County Public Schools. Office of Health Services (1988). Pregnancy statistics. Towson, MD.
- Bolton, F.G., Jr. (1980). The pregnant adolescent. Beverly Hills, CA: Sage Publications.
- Bratlinger, E.A. (1985a). Mildly mentally retarded secondary students' information about and attitudes toward sexuality and sexuality education. Education and Training of the Mentally Retarded, 20(2), 99-108.
- Bratlinger, E.A. (1985b). Low-income parents' opinion about sexuality education. Unpublished manuscript.
- Bratlinger, E.A. (1987). Making decisions about special education: Do low-income parents have the information they need? Journal of Learning Disabilities, 20(2), 95-101.
- Brunk, M., Henggeler, S.W., & Whelan, J.P. (1987). Comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. Journal of Consulting and Clinical Psychology, 55(2), 171-178.

- Cudaback, D.J., & Dickinson, N.S. (1986). From pregnant teen to parent: Does reading help? A research report on Pregnant teens and young mothers study. California University, Berkeley: Cooperative Extension Services. (ERIC Document Reproduction Service No. ED 283-968).
- Dangel, R.F., & Polster, R.A. (1984). Parent training: Foundations of research and practice. New York: The Guilford Press.
- Evans, A.L. (1981). Personality characteristics and disciplinary attitudes of child-abusing mothers. Saratoga, CA: Century Twenty-One Publishing.
- Fine, E. (1987). Are we preparing adolescents with learning disabilities to cope with social issues? Journal of Learning Disabilities, 20(10), 633-634.
- Flick, L.H., & McSweeney, M. (1985). The developmental nature of parental awareness in adolescent mothers. Governor's Council on Adolescent Pregnancy (1989). Action 90. Baltimore, MD: Governor's Printing Office.
- Halpern, A.S. (1985). Transition: A look at the foundations. Exceptional Children, 51, 479-486.
- Hayes, C.D. (1987). Risking the future, adolescent sexuality, pregnancy and childbearing. Washington, DC: National Academy Press.
- Helfer, R.E. (1975). The diagnostic process and treatment programs. (DHEW Publication No. OHD 75 69).

- Washington, DC: U.S. Government Printing Office.
- Holden, E.W., Willis, D.J., & Foltz, L. (1989). Child abuse and parenting stress: Relationships in maltreating parents. Journal of Counseling and Clinical Psychology, 1(1), 64-67.
- Jackson, R.B. (1986). A study of Y.W.C.A. services performed for pregnant and parenting high school students of El Paso from 1982-1985. El Paso, Texas: School Craft Consultants. (ERIC Document Reproduction Service No. ED 274-488).
- Kempe, D.R. (1986). Women as child abusers: Indications, treatment, and policy directions. Washington, DC: Annual Meeting of the American Public Health Association. (ERIC Document Reproduction Service No. ED 273-885).
- Klein, H.A., & Cordell, A.S. (1989). The adolescent as mother: Early risk identification. Journal of Youth and Adolescence, 16(1), 47-58.
- LaBarre, M. (1986). Pregnancy experiences among married adolescents. American Journal of Orthopsychiatry, 38(7), 47-55.
- League of Women Voters of Illinois Education Fund (1985). Who cares for kids? Evanston, IL: Washington National Insurance Co. (ERIC Document Reproduction Service No. ED 259-844).

Leyendecker, G. (1969). The double jeopardy/the triple crisis. New York: Illegitimacy Today, National Council on Illegitimacy.

Maryland Center for Health Statistics, Department of Health and Mental Hygiene (1986). Maryland Vital Statistics Preliminary Report. Baltimore, MD.

McCubbin, H.I., & Thompson, A. (Eds.) (1987). Family assessment inventories for research and practice. Wisconsin: The University of Wisconsin-Madison.

Milner, J.S. (1986). The child abuse potential inventory manual (2nd ed.). IL: Psytec Inc.

Minet, S.B. (1985). An infant/toddler program for high risk parents and their children. Chicago, IL: Annual Parenting Symposium. (ERIC Document Reproduction Service No. ED 261-806).

Polansky, N., & Hally, C. (1974). State of knowledge of child neglect. Athens: University of Georgia Regional Institute of Social Welfare Research, School of Social Work.

Razeghi, J.A., Kokaska, C., Gruenhagen, K., & Fair, G. (1987, June). The transition of youth with disabilities to adult life: A position statement of the Division on Career Development. The Council of Exceptional Children.

Rosenberg, M.S., & Reppucci, N.D. (1985). Primary

- prevention of child abuse. Journal of Counseling and Clinical Psychology, 53(5), 576-583.
- Sasserath, F.J. (1983). Minimizing high-risk parenting: A review of what is known and consideration of appropriate preventive intervention. (Report No. ISBN-0-931562-07-4). Skillman, NJ: Johnson & Johnson Baby Products Company, Professional Relations Department. (ERIC Document Reproduction Services No. ED 233-787).
- Schilling, R.F., Schinker, S.P., Blythe, B.J., & Barth, R.P. (1982). Child maltreatment and mental retardation: Is there a relationship? Mental Retardation, 20(10), 201-209.
- Seagull, E.A.W., & Scheurer, S.L. (1986). Neglected and abused children of mentally retarded parents. Child Abuse & Neglect, 10(10), 493-500.
- U.S. Department of Health and Human Services (1981). Compendium of Resource Materials on Adolescent Health (DHHS Publication No. HSA 81-5246). Rockville, MD.
- Will, M. (1984). OSERS programming for transition of youth with disabilities: Bridges for school to working life. Washington, DC: Office of Special Education & Rehabilitation Services, U.S. Department of Education.
- Wolfe, D.A. (1983). Early intervention methods for child abuse prevention. Anaheim, CA: Annual Convention of the American Psychological Association. (ERIC Document

Reproduction Service No. ED 235-890).

Wolfe, D.A. (1987). Child abuse: Implications for child development and psychopathology. Newbury Park, CA: Sage Publications.

Appendix A

Demographic SimilaritiesMaltreating versus Adolescent Parents

<u>Maltreating</u>	<u>Adolescent Parents</u>
1. Over-representation of lower SES groups within population of maltreaters.	1. Lower Socioeconomic status groups are significantly over-represented within adolescent parenting population.
2. Low occupational levels among adult family members in maltreating families.	2. Adolescent parents are frequently forced to accept low-level occupational status.
3. High unemployment rates among adult members of maltreating families.	3. High unemployment rates exist within adolescent parenting population because of low skills, training and education.
4. Low education level among adults within maltreating families.	4. Adolescent parents are frequently prone to termination of or reduction in educational aspirations.
5. Young age at birth of first child.	5. Adolescent parents
6. Frequent presence of large families among maltreating families.	
7. Children within maltreating families born in close succession.	

8. Non-whites are over-represented within population of reported maltreating families.

9. Large numbers of single-parent and/or female-headed households within maltreating population.

were much younger at birth of first child than the normative standard.

6. Adolescent mothers tend to have larger families than those who defer child birth until a later point.

7. Adolescent mothers tend to have a rapid sequence of childbearing.

8. Non-whites are over-represented among incidence studies of adolescent parents.

9. A very high number of adolescent parents are single girls who have elected to keep their children.

Note: From The pregnant adolescent (p. 103) by F.G. Bolton, Jr., 1980, Beverly Hills, CA: Sage Publications.

Appendix B

Dynamic Parallels Between Child Maltreater and
Adolescent Parent

<u>Maltreating Parents</u>	<u>Adolescent Parents</u>
1. Unrealistic expectations for the child.	1. Unrealistic expectations for the child.
2. Ignorance of child care techniques.	2. Ignorance of child care techniques.
3. "Impoverished personality" with unresolved dependency needs and role reversal between parent and child.	3. Unfulfilled dependency needs and role reversal.
4. Life situation may make child a competitor, unwanted, or be perceived as "different."	4. Life situation (surrounding birth or as result of birth) may make child unwanted or different.
5. Lack of knowledge of child development and a view of the child that is based upon the parent's needs exclusively.	5. Lack of knowledge of child development and a view of the child based upon parental needs.
6. Deprivation, indifference, rejection, and hostility experienced	6. Deprivation, indifference, rejection, and hostility in early childhood - e.g., negative parental modeling.
	7. Marital differences

in early childhood - e.g.,
negative parental modeling.

7. Marital differences
characterized by
separation, tension, and
relationship stresses.

8. Low self-esteem.

9. Fear of rejection.

10. Low frustration
tolerance.

11. Isolation.

leading to high rate of
dissolution and generalized
relationship stress.

8. Low self-esteem.

9. Fear of rejection.

10. Low frustration
tolerance.

11. Isolation.

Note: From The pregnant adolescent (p. 103) by F.G. Bolton,
Jr., 1980, Beverly Hills, CA: Sage Publications.

Appendix C
Questionnaire

Part I

1. Subject _____
2. a. Have you ever received information of parenting?
yes _____
no _____
b. If yes, where: _____
3. What kind of information do you feel you need for parenting?
_____ discipline
_____ child care
_____ child development
_____ nutrition
_____ other
4. Age _____
5. Grade _____ 8
_____ 9
_____ 10
_____ 11
_____ 12
6. How many children do you have?
_____ 1
_____ 2
_____ 3

- _____ more than 3
7. What was your age when you had your first baby? _____
8. What is your marital status?
- _____ married
- _____ single
- _____ divorced
- _____ widowed
9. What is your present living arrangement?
- _____ live alone
- _____ live with husband or partner
- _____ live with friends
- _____ live with own parents
- _____ other (Explain)
10. What is your race or ethnicity?
- _____ Hispanic
- _____ White
- _____ Black
- _____ Asian
- _____ Other
11. What is the approximate total income of your household before taxes?
- _____ under \$5,000
- _____ \$5,000 to \$9,999
- _____ \$15,000 to \$19,999
- _____ \$20,000 to \$24,999

- _____ \$25,000 to \$29,999
_____ over \$30,000
12. Do you receive any government aid?
- _____ Food Stamps
_____ AFDC
_____ WIC
_____ Social Security
_____ Medical Assistance
_____ other
13. Are you employed outside your home?
- _____ no, not employed
_____ employed part-time
_____ employed full-time
14. How well prepared do you feel you are for motherhood?
- _____ poorly prepared
_____ fairly well prepared
_____ well prepared
_____ very well prepared
15. Have you attended any classes for parenting before?
- _____ yes
_____ no
- If yes, how often did you attend? _____

Questions About Parent/Child Relations

Part II

1. How often do you and your child see relatives?

- _____ never
_____ at least once a year
_____ at least 6 times a year
_____ at least once a month
_____ at least once a week
_____ live with relatives
2. About how many hours each day does your child spend in a playpen, jumpchair infant swing, or infant seat?
- _____ none
_____ up to 1 hour
_____ 1 to 3 hours
_____ more than 3 hours
3. Does your child have a toy box or other special place where he/she keeps his/her toys?
- _____ yes
_____ no
4. a. At what age should a child have his/her first book? _____
- b. How many children's books does your child have of his/her own?
- _____ none
_____ 1 or 2
_____ 5 - 9
_____ 10 or more
5. How often do you take your child into a grocery store?

- _____ hardly ever; prefer to go alone
_____ at least once a month
_____ at least once a week
6. How many different baby sitters or day care centers have you used in the past three months?
- _____ 1
_____ 2
_____ 3
_____ 4
_____ more than 4
7. Do you have any pets?
- _____ yes _____ no
- If yes, check one:
- _____ cat _____ hamster
_____ dog _____ fish
_____ other
8. Most of the time do you feel that your child
- _____ is happy
_____ prefers to be alone
_____ responds to affection
_____ gets angry
_____ is cranky

9. At what age do you think you should start talking to your child?

_____ 0-3 months
_____ 3 months - 9 months
_____ 9 months - 15 months
_____ when he/she is old enough to understand

10. Do you talk to your child as you are doing the house work?

_____ yes
_____ no

11. How often does someone read stories or show pictures to your child.

_____ hardly ever
_____ one or twice a week
_____ at least once a week
_____ at least 3 times a week
_____ at least 5 times a week

12. What do you usually do when your child gets bored?

_____ give him/her a cookie or something to eat
_____ put him/her to bed for a nap
_____ offer him/her a to
_____ encourage him/her to keep himself busy
_____ play with him/her

13. Which of the following do you let your child play with?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> water | <input type="checkbox"/> food |
| <input type="checkbox"/> mud | <input type="checkbox"/> fingerpaints |
| <input type="checkbox"/> dirt | <input type="checkbox"/> sand |
| <input type="checkbox"/> other | <input type="checkbox"/> none of the above |

14. Do you have any plants in your home?

- ☐ yes
☐ no

15. How often do you take your child to the doctor?

- ☐ once a month
☐ twice a year
☐ once a year
☐ only when sick
☐ other

16. Do you have any friends with children about the same age as your child?

- ☐ yes
☐ no

17. How often does your child get out of the house?

- ☐ at least once a day
☐ at least 4 times a week
☐ at least once a week
☐ at least once a month

18. Check the things which you have helped your child to learn:

☐ rolling over
☐ crawling
☐ walking
☐ saying new words
☐ song, prayers or nursery rhymes
☐ feeding him/herself
☐ colors
☐ none of the above

19. How often do you set things aside to play with your child?

☐ hardly ever
☐ at least once a week
☐ at least 3 or 4 times a week
☐ everyday

APPENDIX D

LETTER OF CONSENT

Dear Parent,

I am conducting a study with teenage mothers and pregnant teenagers to get their opinions on parenting. I will use this information to help develop a parenting program for teenagers.

They will be asked to fill out questionnaires regarding their opinions on parenting, stressful situations and family environment. No names will appear on any of the questionnaires and all information will be kept confidential. This information will be used for research purposes only to evaluate needs for a teenage parenting class.

The girls will be asked to fill out the questionnaires one time only. Each questionnaire will take approximately one-half hour. If you agree to let your daughter take part in the survey, please sign the attached consent form.

Thank you for your consideration.

Judith Fleming
Researcher

Rosetta Stith
Principal

CONSENT FORM

I, _____, voluntarily agree to take part in a survey sponsored by Judith Fleming, University of Nebraska at Omaha. I agree to provide such information and understand that my name will not be used in connection with this project. Results gathered are confidential and will be used only for research purposes. The purpose of the study is to help others in the future.

Signature of participant Judith Fleming, Researcher

Signature of parent

High Score	31	12	13	17	24	31
<u>Subject #</u>						
1	12	-	-	-	-	-
2	-	-	-	-	-	-
3	30	12	12	15	17	28
4	22	12	7	13	17	22
5	-	-	-	-	-	-
6	29	13	8	15	20	30
7	16	-	-	-	-	-
8	23	10	10	12	15	28
9	17	-	-	-	-	-
10	28	11	13	12	21	29
11	22	14	11	13	13	31
12	24	10	9	11	27	28
13	33	22	15	16	35	45
14	29	-	10	13	19	25
15	22	20	11	26	34	36

Table 1

Total Scores PSI and CAP

<u>Group</u>	<u>MEAN</u>	
	<u>PSI*</u>	<u>CAP**</u>
A	196.93	246.73
B	284.46	219.6
C	282.86	256.6

* 260+ high score for PSI (Abidin, 1986)

** 215 high score for CAP (Milner, 1986)

Table 2

Parent Stress Index

<u>PSI</u>	<u>Sig p</u>	<u>Group Mean</u>		
		<u>A</u>	<u>B</u>	<u>C</u>
Child Domain				
Distractibility	.060	22.43	27.13	29.8
Mood Reinforcement	.367	13.40	12.30	14.60
Mood	.274	9.82	12.40	12.86
Acceptability	.191	14.60	18.60	18.06
Demandedness	.321	18.75	24.47	25.70
Adaptability	.800	27.73	31.60	31.00
Child Domain Total Score	.179	82.13	127.30	132.00
Parent Domain				
Sense Comprehension	.429	31.06	39.06	36.60
Attachment	.038	12.73	18.80	18.30
Restrictive Role	.753	17.00	21.60	20.30
Depression	.159	17.20	21.70	19.40
Social Isolation	.073	12.93	17.90	17.00
Health	.255	13.93	13.46	12.60
Parent Domain Total Score	.123	114.13	157.10	150.80

Table 3

Child Abuse Potential Inventory

<u>CAP</u>	<u>Sig p</u>	<u>Group Mean</u>		
		<u>A</u>	<u>B</u>	<u>C</u>
Rigidity	.001	53.33	31.20	23.86
Problems w/Child & Self	.074	2.26	3.06	8.06
Distress	.330	149.06	138.26	173.30
Unhappiness	.128	13.93	22.30	21.20
Problems w/Family	.901	13.33	14.50	16.80
Problems w/Others	.605	15.93	15.30	13.46
Total Abuse Scale	.471	246.73	219.60	256.60

Table 4
Parent Stress Index High Scores (Abidin, 1986)¹

		<u>Group Mean</u>		
	<u>High Score¹</u>	<u>A</u>	<u>B</u>	<u>C</u>
Child Domain				
Distractability	31	**	27.13	29.80
Mood Reinforcement	12	**	12.30	14.60*
Mood	13	**	12.40	12.86
Acceptability	17	**	18.60*	18.06*
Demandedness	24	**	24.47*	25.70
Adaptability	31	**	31.60*	31.00*
Chain Domain Total Score	122	**	127.30*	132.00*
Parent Domain				
Sense Comprehension	37	31.06	39.06*	36.60
Attachment	16	12.73	18.80*	18.30*
Restrictive Role	26	**	21.60	20.30
Depression	27	17.20	25.80	26.50
Relationship w/spouse	23	**	21.70	19.40
Social Isolation	18	12.93	17.90	17.00
Health	16	13.93	13.46	12.60
Parent Domain Total Score	153	115.23	157.1*	150.80*

¹ The score designated by Abidin (1986) used to identify parent-child systems which were under stress and at risk for the development of dysfunctional parenting behavior problems in the child involved.

* At or exceeds Abidin designated "high score."

** Analysis of data invalid due to missing answers.

Table 5

Child Abuse Potential Inventory High Scores (Milner, 1986)¹

<u>Subscale</u>	<u>CAP High Score¹</u>	<u>Group Mean</u>		
		<u>A</u>	<u>B</u>	<u>C</u>
Rigidity	30	53.55*	31.20*	23.86
Problems w/child & self	11	2.26	3.06	8.06
Distress	152	149.06	138.26	173.30*
Unhappiness	23	13.33	22.30	21.20
Problems w/family	18	13.33	14.50	16.80
Problems w/others	20	15.93	15.30	13.46
Total Abuse Scale	215	246.73*	219.60*	256.60*

¹ High score as determined by Milner (1986). These scores are considered elevated and show specific stressors in the parent/child relationship. It measures the stressors that are considered to be most important in the explanation of child abuse.

* At or exceeds Milner designated "high score."